

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

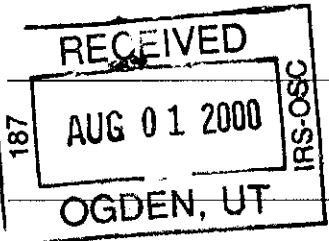
1 Name of organization CHIRO-PAC		Employer identification number 38 2801547
2 Mailing address (P.O. Box or number, street, and room or suite number) 820 N. Capitol		
City or town, state, and ZIP code Lansing, MI 48906		
3 E-mail address of organization chiromi@chiromi.com		
4a Name of custodian of records Carl H. Alden	4b Custodian's address 820 N. Capitol Lansing, MI 48906	
5a Name of contact person Carl H. Alden	5b Contact person's address 820 N. Capitol Lansing, MI 48906	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
To accept contributions and make expenditures to influence the selection, nomination, election or appointment to public office.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Michigan Chiropractic Society	Parent Corporation	820 N. Capitol Lansing, MI 48906



9a Name

9a Name

9b Title

9c Address

Chairperson

3886 Cass Rd.

Traverse City, MI 49685-0909

Vice Chairperson

4110 Baldwin Rd.

Orion, MI 48359

**Sign
Here**

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date _____